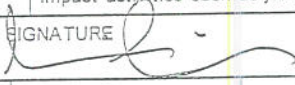


PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)		3. <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent		P U L H E S	
LASER EYE SURGERY, RECOVERY PHASE							
4. PROFILE TYPE						YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) (Limited to 3 months duration)						<input checked="" type="checkbox"/>	
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)							<input checked="" type="checkbox"/>
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501?						Needs MMRB	Needs MEB/PEB
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)							
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON							<input checked="" type="checkbox"/>
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)							<input checked="" type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT							<input checked="" type="checkbox"/>
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)							<input checked="" type="checkbox"/>
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE							<input checked="" type="checkbox"/>
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?							<input checked="" type="checkbox"/>
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)		YES	NO
2 MILE RUN			<input checked="" type="checkbox"/>	APFT WALK		N/A	<input checked="" type="checkbox"/>
APFT SIT-UPS			<input checked="" type="checkbox"/>	APFT SWIM		N/A	<input checked="" type="checkbox"/>
APFT PUSH UPS			<input checked="" type="checkbox"/>	APFT BIKE		N/A	<input checked="" type="checkbox"/>
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)							
UNLIMITED RUNNING			<input checked="" type="checkbox"/>	OR RUN AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED WALKING			<input checked="" type="checkbox"/>	OR WALK AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED BIKING			<input checked="" type="checkbox"/>	OR BIKE AT OWN PACE & DISTANCE		<input checked="" type="checkbox"/>	
UNLIMITED SWIMMING			<input checked="" type="checkbox"/>	OR SWIM AT OWN PACE & DISTANCE			<input checked="" type="checkbox"/>
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)			<input checked="" type="checkbox"/>	9. LOWER BODY WEIGHT TRAINING (See FM 21-20)			<input checked="" type="checkbox"/>
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)						11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED	
FOUR (4) DAYS UNIT CONVALESCENT LEAVE AFTER PRK/LASEK						Lifting or carrying max weight _____ or _____ distance	
TWO (2) DAYS UNIT CONVALESCENT LEAVE AFTER LASIK						Running maximum distance _____	
SUNGLASSES MAY BE WORN AS NEEDED FOR COMFORT, INDOORS AND OUTDOORS FOR 3 MONTHS						Prolonged standing - maximum time per episode _____	
						Marching with standard field gear except rucksack max distance _____	
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____						Impact activities such as jumping max # reps in one day _____	
12. TYPE NAME & GRADE OF PROFILING OFFICER BRICE NICHOLSON LCDR, USN				13. SIGNATURE 		14. DATE (YYYYMMDD)	
15. ACTION BY APPROVING AUTHORITY				<input checked="" type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED	
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY				17. SIGNATURE		18. DATE (YYYYMMDD)	
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT							
20. COMMENT NO FIELD DUTY, NO AIRBORNE OPS, NO SWIMMING OR SCUBA OPS, NO TACTICAL NIGHT OPS, NO GAS MASK, NO CAMMO FACE PAINT, NO DRIVING MILITARY VEHICLES. SERVICE MEMBER IS ABLE TO WEAR BACKPACK (40LBS), WEAR HELMET AND CARRY RIFLE.							
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c							
21. TYPE NAME & GRADE OF UNIT COMMANDER				22. SIGNATURE		23. DATE (YYYYMMDD)	
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)				25. UNIT			
				26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER			
PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.							